

2017 Law Enforcement DRE Call-Out Reimbursement

FINANCIAL REPORT

Department Requesting Reimbursement: _____

Reporting Period: _____ to _____

Officer's Name	Date Worked	Agency Requesting DRE	Hours	Overtime Rate	Fringe Benefits	Date Paid	Total
		Total hours			DRE Costs		

I certify that the totals listed above are the overtime wages earned by the participating DRE and were paid to the officers on the dates indicated. Reimbursement is being sought as personal services under the 2017 Law Enforcement DRE Call-Out Reimbursement Program.

Financial Director

Printed Name: _____

Signature: _____

Date: _____

Sheriff/Chief of Agency Requesting Reimbursement

Printed Name: _____

Signature: _____

Date: _____